Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000249056 3)))



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To:

Division of Corporations

Fax Number : (352)617-6383

From:

()

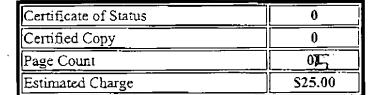
Account Name : LISETTE PIE SALAZAR PA

Account Number : I20120000076 Phone : (305)361-6161 Fax Number : (305)361-6168

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ! * !!

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN³ WATERSONG E&M, LLC



Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: | | istration Sec sion of Corp | | | |
|------------------|---------|-------------------------------|--|---|--|
| ~*************** | | | NG E&M, LLC | | |
| SUBJE | .CI: | | Name of Limi | ted Liability Company | |
| | | | | | |
| The end | losed | Articles of A | Amendment and fee(s) are sub- | mitted for filling. | |
| Please r | eturn | all correspor | ndence concerning this matter | to the following: | |
| | | | LISETTE SALAZAR | | |
| | | | | Name of Person | |
| | | | LISETTE PIE SALAZAR | PA | |
| | | | | Firm/Company | |
| | | | 200 CRANDON BLVD. # | 3 11 | |
| | | | | Address | . . |
| | | | KEYBISCAYNE, FL 331 | 49 | |
| | | | lisette@lpsalazarlaw.com | City/State and Zip Code | |
| | | | E-mail address: (i | to be used for future annual report notific | cation) |
| For furt | her in | formation co | oncerning this matter, please ca | યો: | |
| LISET | TE S | ALAZAR | | 305 361-6161 at () | |
| | | Name of | Person | | Telephone Number |
| Enclose | ed is a | check for th | e following amount: | | |
| ■ \$25 | 5,00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301 (((H18000249056 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comps (A Florida Limited | any as it now appears on out records.) Liability Company) | | |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Company | | | |
| Florida document number L18000182309 | | | |
| riorida document number | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | | | |
| | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "LLC" | | |
| Enter new principal offices address, if applicable: | 1155 Brickell Bay Drive Apt.1104 (52) | | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami FI, 33131 | | |
| | | | |
| | | | |
| Process of the Party | 1155 Brickell Bay Drive Apt.1104 | | |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · | | |
| Mailing address MAY BE A POST OFFICE BOX) | Miemi FI, 33131 | | |
| | | | |
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| | | | |
| registered agent and/or the new registered office address her | | | |
| Name of New Registered Agent: | | | |
| registered agent and/or the new registered office address her Name of New Registered Agent: | <u>e</u> : | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

| AMBR = | Authorized Member | | • |
|--------------|-------------------|-------------|------------------------|
| <u>Title</u> | <u>Name</u> : | Address | Type of Action |
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| tive date, if other than the fective date is listed, the date must . If the date inserted in this blo ment's effective date on the De | be specific and cannot be price ock does not meet the appli | icable stannory filing | (optio e than 90 days after t requirements, this | nal) lling.) Pursuant to 605.0 date will not be listed |
| cord specifies a delayed a 90th day after the reco | | ot an effective tir | ne, at 12:01 a. | m, on the earlie |
| AUGUST 24 | 2018 | | | |
| · | | ~./ | | |
| | 11411 | 5/- | · | |
| | Signature of a member of air | L | Fa manka: | |

Page 3 of 3

Filing Fee: \$25.00